

**STATE OF INDIANA**  
**Summary of Dental Benefits**  
**Effective Date: January 1, 2003**

**Dependent Age Limit:** To the end of the calendar year after the Dependent child's 19<sup>th</sup> birthday, or to the end of the calendar year after the 23<sup>rd</sup> birthday if the child is a full-time student.

|   |  |                                     |
|---|--|-------------------------------------|
| <b>Class I, Class II and Class III<br/>Maximum per Benefit Period</b> |  | \$750 per Member                    |
| <b>Class IV Services Lifetime Maximum</b>                             |  | \$750 per Member                    |
| <b>Dental Deductible</b>  |  | \$50 per Person<br>\$150 per Family |
| <b>Note:</b>  | Class I Covered Services are not subject to the Dental Deductible. |                                     |
| <b>Class I Covered Services</b>                                       | 80% of Covered Charges   |                                     |
| <b>Class II Covered Services</b>                                      | 80% of Covered Charges   |                                     |
| <b>Class III Covered Services</b>                                     | 50% of Covered Charges   |                                     |
| <b>Class IV Covered Services</b>                                      | 50% of Covered Charges   |                                     |

**Class I Preventive and Diagnostic Covered Services**

- Oral examinations, 2 service(s) per Benefit Period.
- Bite-wing x-rays, as required.
- Full mouth x-rays, 1 service(s) per 36 consecutive-month period.
- Oral prophylaxis (cleaning and scaling of teeth), 2 service(s) per Benefit Period.
- Topical fluoride application, 2 service(s) per Benefit Period. Fluoride treatments are available only to Dependent children under 19 years of age.
- Space maintainers for Dependent children under 19 years of age.
- Sealants for Dependent children under 19 years of age.
- Palliative emergency treatment.

**Class II Restorative Covered Services**

- Extractions (except extractions for orthodontia).
- Oral surgery.
- Administration of general anesthesia in connection with oral surgery.
- Periodontal treatment (diseases of gums).
- Endodontic treatment (pulp infection and root canal therapy).
- Injections of antibiotic drugs in connection with dental care.
- Fillings (silver amalgam, silicate and acrylic restorations).
- Single crown.
- Periodontal scaling.
- Apicoectomy (surgical removal of the apex of the tooth root).
- Gingival curettage.
- Gingivectomy and Gingivoplasty.
- Osseous surgery.
- Management of acute infections and oral lesions.

## **Summary of Dental Benefits Continued**

### **Class III Prosthodontic Covered Services**

- Initial installation of fixed bridgework.
- Initial installation of partial or full removable dentures.
- Inlays, onlays, and crowns.
- Repair or recementing of bridgework, dentures, crowns, and inlays.

### **Class IV Orthodontia Covered Services.**

- Orthodontic diagnostic procedures (including cephalometric x-rays).
- Surgical therapy (surgical repositioning of the jaw, facial bones, and/or teeth to correct malocclusion).
- Appliance therapy (braces) including related oral examinations, surgery, and extractions.

### **Covered Services Note**

If two avenues of treatment are equally appropriate, the less expensive will determine the benefit payable. If you change dentists during a treatment program, the benefits provided will be the same as if only one Dentist had completed the treatment. An expense will be deemed incurred on the date the service is received.